

PLAINTIFF	Courtney Scott Fontes		COURT CASE NUMBER	CA16-419-S-PAS
DEFENDANT	Matthew Kettle - warden		TYPE OF PROCESS	Civil Summons
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			
AT	Matthew Kettle		Maximum Security	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)			
	() Pontiac Ave P.O. Box 8273 Cranston R.I 02920			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:			Number of process to be served with this Form - 285	1
Courtney S. Fontes = D-138328 P.O. Box 8200 HSC Cranston			Number of parties to be served in this case	4
			Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
Fold

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
Courtney S. Fontes			11/25/16

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	1	No. 70	No. 70	[Signature]	11/1/16

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service
Mike Grant	11/2/16
	Time
	10:30 am
	Signature of U.S. Marshal or Deputy
	[Signature]

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
\$65.00	\$3.96		\$65.00			

REMARKS:

1 hr 22 miles

Mileage charged 1x between 3 Defendant - SAME ADDRESS

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF <i>Courtney Scott Fontes</i>		COURT CASE NUMBER <i>CA16-419-S-PHS</i>
DEFENDANT <i>Jeffery Aceto</i>		TYPE OF PROCESS <i>Civil Summons</i>
SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <i>Jeffery Aceto</i>	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>maximum security</i> <i>() Pontiac Ave / P.O. Box 8273, Cranston, R.I. 02920</i>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		
<i>Fontes, Fontes 138328</i> <i>P.O. Box 8200 HSC</i> <i>Cranston - R.I. 02920</i>		Number of process to be served with this Form - 285 <i>1</i>
		Number of parties to be served in this case <i>4</i>
		Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
Fold

Signature of Attorney or other Originator requesting service on behalf of: <i>Courtney S. Fontes</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE <i>11/29/16</i>
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I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <i>1</i>	District of Origin No. <i>70</i>	District to Serve No. <i>70</i>	Signature of Authorized USMS Deputy or Clerk <i>[Signature]</i>	Date <i>11/1/16</i>
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) <i>MIKE GRANT LEGAL COUNSEL</i>	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above) <i>[Address]</i>	Date of Service <i>11/2/16</i>
	Time <i>10:30</i> am
	Signature of U.S. Marshal or Deputy <i>[Signature]</i>

Service Fee <i>\$65.00</i>	Total Mileage Charges (including endeavors) <i>\$25.00</i>	Forwarding Fee	Total Charges <i>\$90.00</i>	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:
22 MILES 1 hr

Mileage charged 1x Between 3 Defendants - SAME ADDRESS

U.S. Department of Justice
United States Marshals Service

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PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF <i>Courtney Scott Fontes</i>	COURT CASE NUMBER <i>CA16-419-S-PAS</i>
DEFENDANT <i>Walter Duffy</i>	TYPE OF PROCESS <i>Civil Summons</i>
SERVE ➔ AT ()	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <i>Duffy Walter</i> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>max security</i> <i>() Pontiac Ave / P.O. Box 8273 Cranston, R.I. 02920</i>
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: <i>Courtney S. Fontes 138328</i> <i>P.O. Box 8200 HSC</i> <i>Cranston R.I. 02920</i>	
Number of process to be served with this Form - 285 <i>1</i>	
Number of parties to be served in this case <i>4</i>	
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER:

DATE

10/25/16

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

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☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

MIKE GRANT

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service
11/2/16
Time
10:30 pm

Signature of U.S. Marshal or Deputy

Service Fee
\$65.00

Total Mileage Charges
(including endeavors)

Forwarding Fee

Total Charges
\$65.00

Advance Deposits

Amount owed to U.S. Marshal or

Amount of Refund

REMARKS:

1 hr 22 miles

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF <u>Courtney Scott Fontes</u>		COURT CASE NUMBER <u>CA76-419-S- PAS</u>
DEFENDANT <u>Steven Cabral</u>		TYPE OF PROCESS <u>Civil Summons</u>
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Steven Cabral</u>	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>40 Howard Ave Cranston R.I. 02920</u>	
AT		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285
<u>Courtney S. Fontes 138328</u>		Number of parties to be served in this case
<u>P.O. Box 8200 HSC</u>		Check for service on U.S.A.
<u>Cranston - R.I. 02920</u>		

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Chief Investigator
Lynda Aul 401-462-2282

U.S. DISTRICT COURT
DISTRICT OF RHODE ISLAND

2016 NOV -7 P 1:25

FILED

Fold

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Mike GRANT LEGAL COUNSEL☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service <u>11/2/16</u>	Time <u>10:30</u> am
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Signature of U.S. Marshal or Deputy

[Signature]

Service Fee <u>65.00</u>	Total Mileage Charges (including endeavors) <u>22</u>	Forwarding Fee	Total Charges <u>65.00</u>	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

1 hr 22 MILES